

Work Order ID 96695

January-31-13 9:49:35 AM

96695 Blue

Page 1

Item ID:	D2932-2	Accept	*N900040100*	Setup	Start	*NS1*
Revision ID:						
Item Name:	Saddle RH Out. 206					Stop *NS2*
Start Date:	1/31/13	Start Qty:	12.00 *12*	Cust Item ID:		
Required Date:	2/22/13	Req'd Qty:	12.00 *12*	Customer:		
Reference:						
Approvals:	Process Plan: <i>ML5</i>	Date: 13-01-31	Tooling: Date:		Run Start	*NR1*
	QC:	Date:	SPC (Y/N): Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
100 *100* HAAS I	HAAS CNC VERTICAL MACHINING #1 HAAS CNC vertical machine #1	0.00 Program part number and batch number.1-Inspect part number and batch number are programmed correctly.2-Machine Step No 1 of Folio and visually inspect as per dwg D2932 & attached Dimension Sheet 3-Machine Step No 2 of Folio and visually inspect as per	<i>P0</i>	13/02/14	9	<i>Ø</i>			
110 *110* Mill Conv	CONVENTIONAL MILLING MACHINE Conventional Milling Machine	0.00 Memo Machine Keyway and inspect per attached dimension sheet	<i>P0</i>	13/02/14	9	<i>Ø</i>			
120 *120* QC Quality Control	QC1- Inspect dimensions to dimension sheet Memo	0.00 0.00	<i>P0</i>	13/02/14	9	<i>Ø</i>			

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS																	
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>			
NCR No. _____		Work Order Update <input type="checkbox"/>																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date		Verification		QC Inspector								
Doc/Data																						
Equip/Tooling																						
Operator																						
Material																						
Setup																						
Other																						
Process																						
Supplier																						
Training																						
Unapproved																						
FAULT CATEGORY																						
Landing Gear				General																		
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions											<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			

Work Order ID 96695

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96695

Page 2

Item ID: D2932-2

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Saddle RH Out. 206

Stop *NS2*

Start Date: 1/31/13 Start Qty: 12.00 *12*

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 12.00 *12*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

01/31/2017

9

DAS
14
0-69

130

QC

Quality Control

Memo

0.00

140

Chemical Conversion Coat per QSI005 4.1

0.00

9

01/31/2017

140

HandFinish

Hand Finishing

Memo

0.00

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION				AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____	Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
	Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>		
Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>		
Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>		
Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>		
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>				
Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>				

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Page 3

Item ID: D2932-2

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Saddle RH Out. 206

Start Date: 1/31/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

145

Spray Painting per QSI005 4.2

0.00

145

SprayPaint

Spray Painting

Memo

0.00

PRIME B 117319

START: 8:00

FINISH: 8:30

DELFLEET BLUE B 121782

DELFLEET CLEAR B 118093

START: 12:30

FINISH: 1:30

155

QC14- Inspect Spray Paint

0.00

155

QC

Quality Control

Memo

0.00

DAS

05

89

13.02.24

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other								
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear				General											
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions								<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other			

Work Order ID 96695

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Page 4

Item ID: D2932-2

Accept

N900040100

Setup

Start ***NS1***

Revision ID:

Item Name: Saddle RH Out. 206

Start Date: 1/31/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 2/22/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

170

170

Packaging

Packaging

Identify as per dwg & Stock Location:

ST422

0.00

*QX**SP**13-2-26*

180

180

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

*13/2/26 JJ**ME**13-2-26*

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

Picklist Print

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Work Order ID: 96695

96695

Parent Item: D2932-2

D2932-2

Parent Item Name: Saddle RH Out. 206

Start Date: 1/31/13

Required Date: 2/22/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: B00.06.26New DWG rev (mpp 2069)EC
IPP Rev:C As per Rev C 07-03-19 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D6101-003		Manufactured	No			100	Each	50.0000	1	12	**		
D6101-003 Saddle Billet, 7075												SL 13-2-13	

Location	Loc Qty	Loc Code
MAT042	50	
94840	50	9

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear				General											
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio						<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
														<input type="checkbox"/> Other	

DART AEROSPACE LTD			Work Order:	96695
Description: 206 Saddle, Outboard, Right side			Part Number:	D2932-2
Inspection Dwg: D2932 Rev. C			Page 1 of 1	

Inspect dimensions highlighted on inspection sheet drawing D2932 Rev. C and record below:

Dim	Min	Max	Go/No Go Gauge	Recorded Actual Dimensions				By	Date
				1	2	3	4		
A	0.100	0.140		.113	.114	.114	.112		
B	0.100	0.140		.113	.115	.115	.114		
C	0.100	0.140		.113	.112	.109	.110		
D	0.210	0.230		.221	.221	.217	.220		
E	1.245	1.255		1.250	1.250	1.250	1.250		
F	1.245	1.255		1.250	1.250	1.250	1.250		
G	2.495	2.505		2.500	2.500	2.500	2.500		
H	0.510	0.515		.512	.512	.512	.512		
I	1.572	1.582		1.577	1.577	1.577	1.577		
J	2.495	2.505		2.500	2.500	2.500	2.500		
K	0.257	0.262		.258	.258	.258	.258		
L	0.312	0.317		.314	.314	.314	.314		
M	0.235	0.240		.238	.238	.238	.238		
N	0.100	0.140		.121	.121	.117	.121		
O	0.540	0.560		.550	.551	.550	.550		
P	0.490	0.510		.502	.503	.500	.501		
Q	3.715	3.725		3.720	3.720	3.720	3.720		
R	2.470	2.510		2.490	2.490	2.490	2.490		
S	0.240	0.270		.247	.247	.241	.245		
T	0.100	0.180		.130	.130	.130	.130		
U	1.625	1.635		1.630	1.630	1.630	1.630		
V	1.362	1.372		1.367	1.367	1.367	1.367		
W	0.316	0.321		.316	.316	.316	.316		
X	1.125	1.145		1.137	1.135	1.135	1.139		
Y	1.565	1.585		1.576	1.575	1.575	1.579		
Z	0.178	0.198		.188	.188	.188	.188		
AA									
AB									
AC									
AD									
AE									
AF									
AG									
AH									
Accept/Reject									

Measured by:	PO	Audited by:	14
Date:	13/02/14	Date:	13/02/14

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	Shaf

DART AEROSPACE LTD				Work Order:	96691
Description: 206 Saddle, Outboard, Right side				Part Number:	D2932-2
Inspection Dwg: D2932 Rev. C				Page 1 of 1	

Inspect dimensions highlighted on inspection sheet drawing D2932 Rev. C and record below:

Dim	Min	Max	Go/No Go Gauge	Recorded Actual Dimensions				By	Date
				15	26	37	48		
A	0.100	0.140		.113	.110	.111	.112		
B	0.100	0.140		.114	.111	.113	.114		
C	0.100	0.140		.111	.110	.110	.111		
D	0.210	0.230		.219	.217	.223	.222		
E	1.245	1.255		1.250	1.250	1.250	1.250		
F	1.245	1.255		1.250	1.250	1.250	1.250		
G	2.495	2.505		2.500	2.500	2.500	2.500		
H	0.510	0.515		.512	.512	.512	.512		
I	1.572	1.582		1.577	1.577	1.577	1.577		
J	2.495	2.505		2.500	2.500	2.500	2.500		
K	0.257	0.262		.258	.258	.258	.258		
L	0.312	0.317		.314	.314	.314	.314		
M	0.235	0.240		.238	.238	.238	.238		
N	0.100	0.140		.119	.119	.121	.121		
O	0.540	0.560		.550	.550	.549	.550		
P	0.490	0.510		.499	.499	.500	.500		
Q	3.715	3.725		3.720	3.720	3.720	3.720		
R	2.470	2.510		2.490	2.490	2.490	2.490		
S	0.240	0.270		.247	.247	.250	.250		
T	0.100	0.180		.130	.130	.130	.130		
U	1.625	1.635		1.630	1.630	1.630	1.630		
V	1.362	1.372		1.367	1.367	1.367	1.367		
W	0.316	0.321		.316	.316	.316	.316		
X	1.125	1.145		1.133	1.133	1.133	1.133		
Y	1.565	1.585		1.573	1.575	1.575	1.576		
Z	0.178	0.198		.188	.188	.188	.188		
AA									
AB									
AC									
AD									
AE									
AF									
AG									
AH									
Accept/Reject									

Measured by:	PD	Audited by:	14
Date:	13/02/15	Date:	13/02/15

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	SD

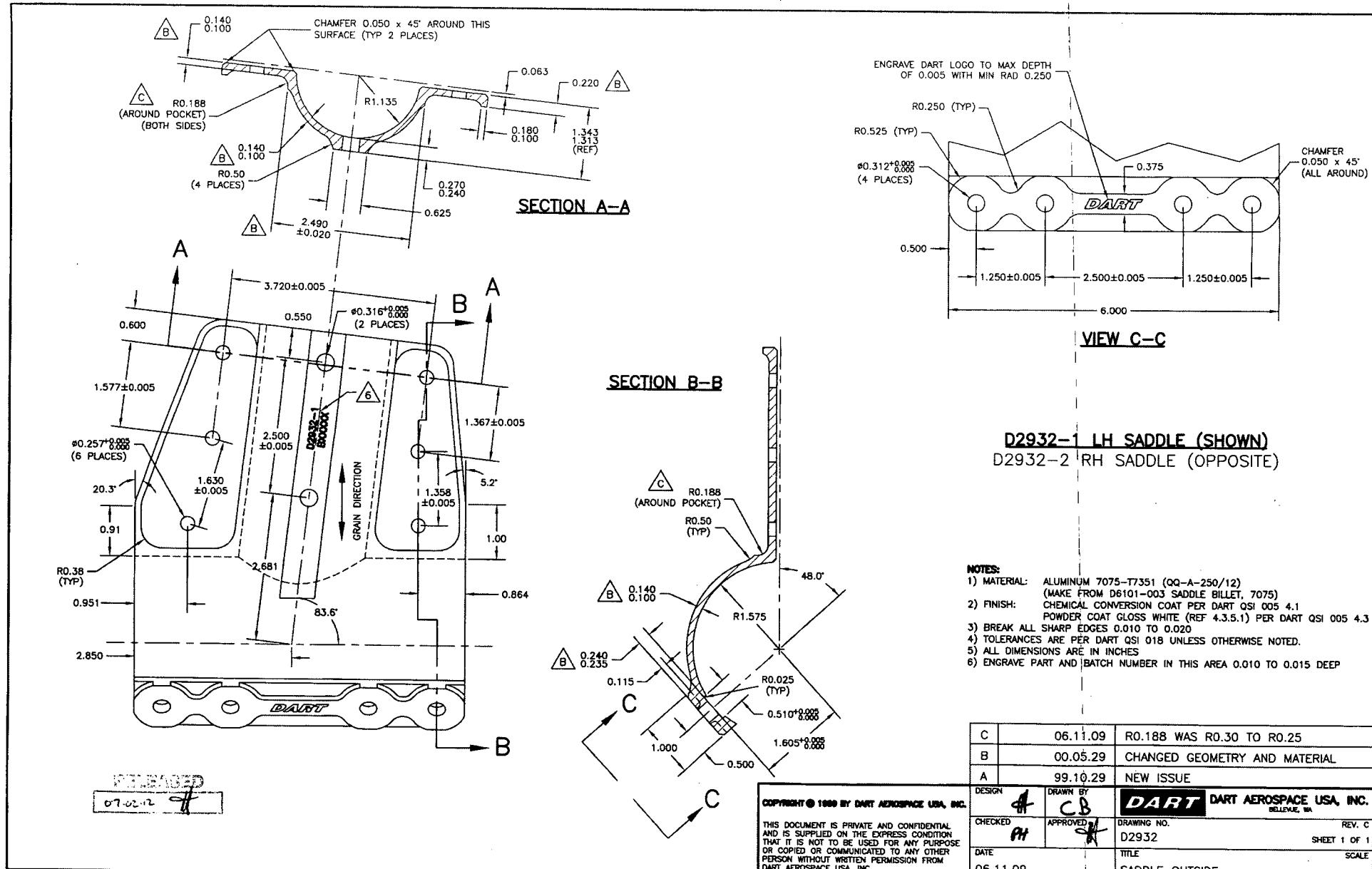
DART AEROSPACE LTD			Work Order:	90695
Description: 206 Saddle, Outboard, Right side			Part Number:	D2932-2
Inspection Dwg: D2932 Rev. C			Page 1 of 1	

Inspect dimensions highlighted on inspection sheet drawing D2932 Rev. C and record below:

				Recorded Actual Dimensions					
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	By	Date
A	0.100	0.140		.114					
B	0.100	0.140		.114					
C	0.100	0.140		.112					
D	0.210	0.230		.223					
E	1.245	1.255		1.250					
F	1.245	1.255		1.250					
G	2.495	2.505		2.500					
H	0.510	0.515		.512					
I	1.572	1.582		1.577					
J	2.495	2.505		2.500					
K	0.257	0.262		.258					
L	0.312	0.317		.314					
M	0.235	0.240		.237					
N	0.100	0.140		.121					
O	0.540	0.560		.548					
P	0.490	0.510		.500					
Q	3.715	3.725		3.720					
R	2.470	2.510		2.472.490					
S	0.240	0.270		.250					
T	0.100	0.180		.130					
U	1.625	1.635		1.630					
V	1.362	1.372		1.367					
W	0.316	0.321		.316					
X	1.125	1.145		1.136					
Y	1.565	1.585		1.576					
Z	0.178	0.198		.182					
AA									
AB									
AC									
AD									
AE									
AF									
AG									
AH									
Accept/Reject				SAS					

Measured by:	PD	Audited by:	14
Date:	13/02/15	Date:	9-03 13/02/17

Rev	Date	Change	Revised by	Approved
A		New Issue	RF	
B	02.12.12	Re-format; Added Dim. X-Y, DT8683, DT8686, DT8690	KJ/RF	
C	07.03.21	Revised per drawing revision C	KJ/JLM	SD



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